

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

57 0 22785
STATE FILE NUMBER
5475

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital				Length of stay in lb 50 yrs.		STREET ADDRESS 1121 Sanford Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First JUANITA Middle BONE Last NOLTE				4. DATE OF DEATH Month June Day 11, Year 1957			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 17, 1887	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Golliad, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John D. Bone				14. MOTHER'S MAIDEN NAME Allie Dora Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT (husband) Mr. Eldred Nolte Address 1121 Sanford Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Hemorrhage; DUE TO (b) Traumatic Dissecting Aneurysm of the Arch of the Aorta DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED AFTER DEATH DISCOVERED OR KNOWN applied by our, Porter J. Huns and Oakland Ave. about 1030 am							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. TIME OF INJURY Hour a. m. 1030 Month, Day, Year June 11 1957 20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street 04 20e. CITY, TOWN, OR LOCATION St. Louis Mo 20f. COUNTY STATE							
21. I attended the deceased from 1045 A. to and last saw her alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) 3 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 6/12/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6/13/57		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.				25. DATE RECD. BY LOCAL REG. JUN 12 '57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Jos. E. McCulloh

Licensed Embalmer No. 94

P. O. Address 6175 D

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.